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FIRST REPRINT

S.B. 459

SENATE BILL NO. 459—COMMITTEE ON
HEALTH AND HUMAN SERVICES

(ON BEHALF OF THE GOVERNOR)

MARCH 23, 2015

Referred to Committee on Health and Human Services

SUMMARY—Establishes an opioid overdose prevention policy for Nevada. (BDR 40-1199)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: Yes.

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EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

AN ACT relating to controlled substances; enacting the Good Samaritan Drug Overdose Act; authorizing certain health care professionals to prescribe and dispense an opioid antagonist to certain persons under certain circumstances; providing immunity from civil and criminal liability and professional discipline for such prescribing and dispensing of an opioid antagonist; providing criminal and other immunity for persons who seek medical assistance for a person who is experiencing a drug or alcohol overdose under certain circumstances; authorizing certain licensing boards to require that certain persons registered by the State Board of Pharmacy receive periodic training concerning the misuse and abuse of controlled substances; authorizing the imposition of disciplinary action for failure to complete such training; requiring that certain information concerning a prescription for a controlled substance be uploaded to the database of a certain computerized program; revising requirements for certain persons to access a certain computerized program before initiating a prescription for a controlled substance; providing a penalty; and providing other matters properly relating thereto.



* S B 4 5 9 R 1 *

Legislative Counsel's Digest:

1 **Sections 2-12** of this bill enact the Good Samaritan Drug Overdose Act, the
2 provisions of which have been enacted in part or in entirety by at least 28 other
3 states.

4 Under existing law, certain health care professionals may prescribe, dispense or
5 otherwise furnish an opioid antagonist to a person at risk of experiencing an opioid-
6 related drug overdose. (Chapter 454 of NRS) **Section 7** of this bill authorizes
7 certain physicians, physician assistants and advanced practice registered nurses to
8 prescribe and dispense an opioid antagonist to a family member, friend or other
9 person who is in a position to assist a person at risk of experiencing an opioid-
10 related drug overdose and provides immunity from civil and criminal liability and
11 professional discipline for doing so. **Section 8** of this bill authorizes the storage and
12 dispensing of opioid antagonists by certain persons who are not registered or
13 licensed by the State Board of Pharmacy. **Section 9** of this bill provides for the
14 development of standardized procedures and protocols under which a registered
15 pharmacist may furnish an opioid antagonist.

16 Existing law establishes criminal liability for various activities relating to
17 controlled substances. (Chapter 453 of NRS) **Section 12** of this bill provides that a
18 person who, in good faith, seeks medical assistance for a person who is
19 experiencing a drug or alcohol overdose or other medical emergency or who seeks
20 such assistance for himself or herself, or who is the subject of a good faith request
21 for such assistance may not be arrested, charged, prosecuted or convicted, or have
22 his or her property subjected to forfeiture, or be otherwise penalized for violating:
23 (1) certain provisions of existing law governing controlled substances; (2) a
24 restraining order; or (3) a condition of the person's parole or probation, if the
25 evidence to support the arrest, charge, prosecution, conviction, seizure or penalty
26 was gained as a result of the person's seeking such medical assistance. **Section 12**
27 also provides that the act of seeking such assistance may be raised in mitigation in
28 connection with certain other crimes.

29 Existing law requires every practitioner or other person who dispenses a
30 controlled substance within this State to register biennially with the State Board of
31 Pharmacy. (NRS 453.226) **Sections 15.1-15.9** of this bill authorize the professional
32 licensing boards of the various practitioners who are eligible for such registration
33 to: (1) require their licensees who are registered to dispense a controlled substance
34 to periodically complete certain training concerning the misuse and abuse of
35 controlled substances; and (2) impose disciplinary action on a practitioner who fails
36 to do so.

37 Existing law requires the State Board of Pharmacy and the Investigation
38 Division of the Department of Public Safety to cooperatively develop a
39 computerized program to track each prescription for a controlled substance. Persons
40 who prescribe or dispense controlled substances can choose to access the database
41 of the program and are given access to the database after receiving a course of
42 training developed by the Board and the Division. (NRS 453.1545) **Section 13** of
43 this bill requires each person who dispenses a controlled substance to upload
44 certain information to the database of the program not later than the end of the next
45 business day after dispensing the controlled substance.

46 Existing law requires a practitioner to obtain a patient utilization report
47 regarding a patient before writing a prescription for a controlled substance if the
48 patient is a new patient or a current patient who has not received a prescription for a
49 controlled substance from the practitioner in the preceding 12 months. (NRS
50 639.23507) **Section 16** of this bill: (1) requires a practitioner to obtain a patient
51 utilization report before initiating a prescription for a controlled substance; (2)
52 exempts from liability a practitioner who fails to obtain such a report under certain
53 circumstances; and (3) requires the Board to adopt regulations to provide



54 alternative methods of complying with the requirement to obtain such a report for a
55 physician who provides services in a hospital emergency department.

1 WHEREAS, The Nevada Legislature finds and declares that
2 overdose deaths from drug or alcohol use is a major public health
3 and safety problem in Nevada and in the United States, such that
4 overdose deaths now annually exceed those caused by homicide or
5 vehicle collisions; and

6 WHEREAS, The use and abuse of both legal and illegal
7 substances, especially opioids, has increased in Nevada at an
8 alarming rate, contributing to addiction, crime, incarceration and
9 imprisonment, mental illness, suicide, family breakdown, and
10 increased costs of medical and mental health treatment for youth
11 and adults in Nevada; and

12 WHEREAS, Overdose death is preventable through the timely
13 administration of safe, effective, nonnarcotic antidote drugs which
14 reverse the effects of opioid overdose in minutes, are not controlled
15 substances, and have no abuse potential; and

16 WHEREAS, Effective and successful opioid overdose prevention
17 programs have been implemented in 25 states, and such efforts are
18 now encouraged and promoted by the American Medical
19 Association, the United States Conference of Mayors, the National
20 Office of Drug Control Policy, the Substance Abuse and Mental
21 Health Services Administration, the United States Department of
22 Justice, the National Association of Boards of Pharmacy, the
23 American Public Health Association, the National Association of
24 State Alcohol and Drug Abuse Directors, the National Association
25 of Drug Court Professionals and countless more law enforcement
26 and treatment professionals; and

27 WHEREAS, Numerous states have implemented “911 Good
28 Samaritan Statutes” encouraging citizens and professionals to seek
29 or provide overdose reversal and emergency medical assistance to
30 persons who appear to be experiencing a drug or alcohol overdose,
31 and have provided for immunity from civil, criminal and
32 professional liability for such actions; and

33 WHEREAS, The implementation of an opioid overdose
34 prevention policy and “911 Good Samaritan Statutes” are in the best
35 interest of Nevadans and such lifesaving practices and programs
36 should be established, recognized, encouraged and implemented in
37 Nevada to be available to residents and visitors; now therefore,



1 THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
2 SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:
3

4 **Section 1.** Title 40 of NRS is hereby amended by adding
5 thereto a new chapter to consist of the provisions set forth as
6 sections 2 to 12, inclusive, of this act.

7 **Sec. 2.** *This chapter may be cited as the Good Samaritan
8 Drug Overdose Act.*

9 **Sec. 3.** *As used in this chapter, unless the context otherwise
10 requires, the words and terms defined in sections 4, 5 and 6 of this
11 act have the meanings ascribed to them in those sections.*

12 **Sec. 4. 1.** *“Health care professional” means a physician, a
13 physician assistant or an advanced practice registered nurse.*

14 *2. As used in this section:*

15 *(a) “Advanced practice registered nurse” has the meaning
16 ascribed to it in NRS 632.012.*

17 *(b) “Physician” means a physician licensed pursuant to
18 chapter 630 or 633 of NRS.*

19 *(c) “Physician assistant” means a physician assistant licensed
20 pursuant to chapter 630 or 633 of NRS.*

21 **Sec. 5.** *“Opioid antagonist” means any drug that binds to
22 opioid receptors and blocks or disinhibits the effects of opioids
23 acting on those receptors. The term includes, without limitation,
24 naloxone hydrochloride.*

25 **Sec. 6.** *“Opioid-related drug overdose” means a condition
26 including, without limitation, extreme physical illness, a decreased
27 level of consciousness, respiratory depression, coma or death
28 resulting from the consumption or use of an opioid, or another
29 substance with which an opioid was combined, or that an ordinary
30 layperson would reasonably believe to be an opioid-related drug
31 overdose that requires medical assistance.*

32 **Sec. 7. 1.** *Notwithstanding any other provision of law, a
33 health care professional otherwise authorized to prescribe an
34 opioid antagonist may, directly or by standing order, prescribe and
35 dispense an opioid antagonist to a person at risk of experiencing
36 an opioid-related drug overdose or to a family member, friend or
37 other person in a position to assist a person at risk of experiencing
38 an opioid-related drug overdose. Any such prescription must be
39 regarded as being issued for a legitimate medical purpose in the
40 usual course of professional practice.*

41 *2. A person who, acting in good faith and with reasonable
42 care, prescribes or dispenses an opioid antagonist pursuant to
43 subsection 1, is not subject to any criminal or civil liability or any
44 professional disciplinary action for:*

45 *(a) Such prescribing or dispensing; or*



1 (b) Any outcomes that result from the eventual administration
2 of the opioid antagonist.

3 3. Notwithstanding any other provision of law:

4 (a) Any person, including, without limitation, a law
5 enforcement officer, acting in good faith, may possess and
6 administer an opioid antagonist to another person whom he or she
7 reasonably believes to be experiencing an opioid-related drug
8 overdose.

9 (b) An emergency medical technician, advanced emergency
10 medical technician or paramedic, as defined in chapter 450B of
11 NRS, is authorized to administer an opioid antagonist as clinically
12 indicated.

13 4. A person who, acting in good faith and with reasonable
14 care, administers an opioid antagonist to another person whom
15 the person believes to be experiencing an opioid-related drug
16 overdose is immune from criminal prosecution, sanction under
17 any professional licensing statute and civil liability for such act.

18 **Sec. 8.** Notwithstanding any other provision of law, a person
19 acting under a standing order issued by a health care professional
20 who is otherwise authorized to prescribe an opioid antagonist may
21 store an opioid antagonist without being subject to the registration
22 and licensing provisions of chapter 639 of NRS and may dispense
23 an opioid antagonist if those activities are undertaken without
24 charge or compensation.

25 **Sec. 9. 1.** Notwithstanding any other provision of law, a
26 registered pharmacist may furnish an opioid antagonist in
27 accordance with standardized procedures or protocols developed
28 and approved by the State Board of Pharmacy pursuant to this
29 section.

30 2. The State Board of Pharmacy may, in consultation with
31 representatives of the Nevada Pharmacist Association, other
32 appropriate professional licensing boards, state agencies and other
33 interested parties, develop standardized procedures or protocols to
34 enable a registered pharmacist and other appropriate entities to
35 furnish an opioid antagonist pursuant to this section.

36 3. Standardized procedures or protocols adopted pursuant to
37 this section must ensure that a person receive education before
38 being furnished with an opioid antagonist pursuant to this section.
39 The education must include, without limitation:

40 (a) Information concerning the prevention and recognition of
41 and responses to opioid-related drug overdoses;

42 (b) Methods for the safe administration of opioid antagonists
43 to a person experiencing an opioid-related drug overdose;

44 (c) Potential side effects and adverse events connected with the
45 administration of opioid antagonists;



1 *(d) The importance of seeking emergency medical assistance*
2 *for a person experiencing an opioid-related drug overdose even*
3 *after the administration of an opioid antagonist; and*

4 *(e) Information concerning the provisions of section 12 of this*
5 *act.*

6 *4. A pharmacist shall, before furnishing an opioid antagonist*
7 *pursuant to this section, complete a training program on the use of*
8 *opioid antagonists. The program must include at least 1 hour of*
9 *approved continuing education on the use of opioid antagonists.*

10 *5. This section does not:*

11 *(a) Affect any provision of law concerning the confidentiality*
12 *of medical information.*

13 *(b) Confer any authority on a registered pharmacist to*
14 *prescribe an opioid antagonist or any other prescription*
15 *medication or controlled substance.*

16 **Sec. 10.** *1. The Department of Health and Human Services*
17 *may engage in efforts to ascertain and document the number,*
18 *trends, patterns and risk factors related to fatalities caused by*
19 *unintentional opioid-related drug overdoses and other drug*
20 *overdoses.*

21 *2. The Department of Health and Human Services may*
22 *publish an annual report that:*

23 *(a) Presents the information acquired pursuant to subsection*
24 *1; and*

25 *(b) Provides information concerning interventions that may be*
26 *effective in reducing fatal and nonfatal opioid-related drug*
27 *overdoses and other drug overdoses.*

28 **Sec. 11.** *The Department of Health and Human Services*
29 *may, within the limits of available money, award grants for:*

30 *1. Educational programs for the prevention and recognition*
31 *of and responses to opioid-related drug overdoses and other drug*
32 *overdoses;*

33 *2. Training programs for patients who receive opioid*
34 *antagonists and for the families and caregivers of such patients*
35 *concerning the prevention and recognition of and responses to*
36 *opioid-related drug overdoses and other drug overdoses;*

37 *3. Projects to encourage, when appropriate, the prescription*
38 *and distribution of opioid antagonists; and*

39 *4. Education and training programs on the prevention and*
40 *recognition of and responses to opioid-related drug overdoses and*
41 *other drug overdoses for members and volunteers of law*
42 *enforcement agencies and agencies that provide emergency*
43 *medical services and other emergency services.*

44 **Sec. 12.** *1. Notwithstanding any other provision of law, a*
45 *person who, in good faith, seeks medical assistance for a person*



1 *who is experiencing a drug or alcohol overdose or other medical*
2 *emergency or who seeks such assistance for himself or herself, or*
3 *who is the subject of a good faith request for such assistance may*
4 *not be arrested, charged, prosecuted or convicted, or have his or*
5 *her property subjected to forfeiture, or be otherwise penalized for*
6 *violating:*

7 (a) *Except as otherwise provided in subsection 4, a provision*
8 *of chapter 453 of NRS relating to:*

9 (1) *Drug paraphernalia, including, without limitation, NRS*
10 *453.554 to 453.566, inclusive;*

11 (2) *Possession, unless it is for the purpose of sale or*
12 *violates the provisions of NRS 453.3385, subsection 2 of NRS*
13 *453.3393, 453.3395 or 453.3405; or*

14 (3) *Use of a controlled substance, including, without*
15 *limitation, NRS 453.336.*

16 (b) *A local ordinance as described in NRS 453.3361 that*
17 *establishes an offense that is similar to an offense set forth in*
18 *NRS 453.366;*

19 (c) *A restraining order; or*

20 (d) *A condition of the person's parole or probation,*

21 *↪ if the evidence to support the arrest, charge, prosecution,*
22 *conviction, seizure or penalty was obtained as a result of the*
23 *person seeking medical assistance.*

24 2. *A court, before sentencing a person who has been*
25 *convicted of a violation of chapter 453 of NRS for which immunity*
26 *is not provided by this section, shall consider in mitigation any*
27 *evidence or information that the defendant, in good faith, sought*
28 *medical assistance for a person who was experiencing a drug or*
29 *alcohol overdose or other life-threatening emergency in*
30 *connection with the events that constituted the violation.*

31 3. *For the purposes of this section, a person seeks medical*
32 *assistance if the person:*

33 (a) *Reports a drug or alcohol overdose or other medical*
34 *emergency to a member of a law enforcement agency, a 911*
35 *emergency service, a poison control center, a medical facility or a*
36 *provider of emergency medical services;*

37 (b) *Assists another person making such a report;*

38 (c) *Provides care to a person who is experiencing a drug or*
39 *alcohol overdose or other medical emergency while awaiting the*
40 *arrival of medical assistance; or*

41 (d) *Delivers a person who is experiencing a drug or alcohol*
42 *overdose or other medical emergency to a medical facility and*
43 *notifies the appropriate authorities.*

44 4. *The provisions of this section do not prohibit any*
45 *governmental entity from taking any actions required or*



1 *authorized by chapter 432B of NRS relating to the abuse or*
2 *neglect of a child.*

3 5. *As used in this section, "drug or alcohol overdose" means*
4 *a condition, including, without limitation, extreme physical illness,*
5 *a decreased level of consciousness, respiratory depression, coma,*
6 *mania or death which is caused by the consumption or use of a*
7 *controlled substance or alcohol, or another substance with which*
8 *a controlled substance or alcohol was combined, or that an*
9 *ordinary layperson would reasonably believe to be a drug or*
10 *alcohol overdose that requires medical assistance.*

11 **Sec. 13.** NRS 453.1545 is hereby amended to read as follows:

12 453.1545 1. The Board and the Division shall cooperatively
13 develop a computerized program to track each prescription for a
14 controlled substance listed in schedule II, III or IV that is filled by a
15 pharmacy that is registered with the Board or that is dispensed by
16 a practitioner who is registered with the Board. The program must:

17 (a) Be designed to provide information regarding:

18 (1) The inappropriate use by a patient of controlled
19 substances listed in schedules II, III and IV to pharmacies,
20 practitioners and appropriate state agencies to prevent the improper
21 or illegal use of those controlled substances; and

22 (2) Statistical data relating to the use of those controlled
23 substances that is not specific to a particular patient.

24 (b) Be administered by the Board, the Investigation Division,
25 the Division of Public and Behavioral Health of the Department and
26 various practitioners, representatives of professional associations for
27 practitioners, representatives of occupational licensing boards and
28 prosecuting attorneys selected by the Board and the Investigation
29 Division.

30 (c) Not infringe on the legal use of a controlled substance for the
31 management of severe or intractable pain.

32 (d) Include the contact information of each person who ~~selects~~
33 *is required* to access the database of the program pursuant to
34 subsection ~~2~~ 3, including, without limitation:

35 (1) The name of the person;

36 (2) The physical address of the person;

37 (3) The telephone number of the person; and

38 (4) If the person maintains an electronic mail address, the
39 electronic mail address of the person.

40 2. *Except as otherwise provided in this subsection, each*
41 *person registered pursuant to this chapter to dispense a controlled*
42 *substance listed in Schedule II, III or IV shall, not later than the*
43 *end of the next business day after dispensing a controlled*
44 *substance, upload to the database of the program established*
45 *pursuant to subsection 1 the information described in paragraph*



1 *(d) of subsection 1. The requirements of this subsection do not*
2 *apply if the controlled substance is administered directly by a*
3 *practitioner to a patient in a health care facility, as defined in NRS*
4 *439.960, a child who is a resident in a child care facility, as*
5 *defined in NRS 432A.024, or a prisoner, as defined in NRS*
6 *208.085. The Board shall establish by regulation and impose*
7 *administrative penalties for the failure to upload information*
8 *pursuant to this subsection.*

9 3. The Board shall provide Internet access to the database of
10 the program established pursuant to subsection 1 to each practitioner
11 who is authorized to write prescriptions for and each person who is
12 authorized to dispense controlled substances listed in schedule II, III
13 or IV who ~~f~~

14 ~~—(a) Elects to access the database of the program; and~~
15 ~~—(b) Completes} completes~~ the course of instruction described in
16 subsection ~~[7.] 8.~~

17 ~~[3.] 4.~~ The Board and the Division must have access to the
18 program established pursuant to subsection 1 to identify any
19 suspected fraudulent or illegal activity related to the dispensing of
20 controlled substances.

21 ~~[4.] 5.~~ The Board or the Division shall report any activity it
22 reasonably suspects may be fraudulent or illegal to the appropriate
23 law enforcement agency or occupational licensing board and
24 provide the law enforcement agency or occupational licensing board
25 with the relevant information obtained from the program for further
26 investigation.

27 ~~[5.] 6.~~ The Board and the Division may cooperatively enter
28 into a written agreement with an agency of any other state to
29 provide, receive or exchange information obtained by the program
30 with a program established in that state which is substantially
31 similar to the program established pursuant to subsection 1,
32 including, without limitation, providing such state access to the
33 database of the program or transmitting information to and receiving
34 information from such state. Any information provided, received or
35 exchanged as part of an agreement made pursuant to this section
36 may only be used in accordance with the provisions of this chapter.

37 ~~[6.] 7.~~ Information obtained from the program relating to a
38 practitioner or a patient is confidential and, except as otherwise
39 provided by this section and NRS 239.0115, must not be disclosed
40 to any person. That information must be disclosed:

41 (a) Upon the request of a person about whom the information
42 requested concerns or upon the request on behalf of that person by
43 his or her attorney; or

44 (b) Upon the lawful order of a court of competent jurisdiction.



1 ~~[7.]~~ 8. The Board and the Division shall cooperatively develop
2 a course of training for persons ~~[who elect]~~ *required* to access the
3 database of the program pursuant to subsection ~~[2.]~~ 3 and require
4 each such person to complete the course of training before the
5 person is provided with Internet access to the database pursuant to
6 subsection ~~[2.]~~ 3.

7 ~~[8.]~~ 9. A practitioner who is authorized to write prescriptions
8 for and each person who is authorized to dispense controlled
9 substances listed in schedule II, III or IV who acts with reasonable
10 care when transmitting to the Board or the Division a report or
11 information required by this section or a regulation adopted pursuant
12 thereto is immune from civil and criminal liability relating to such
13 action.

14 ~~[9.]~~ 10. The Board and the Division may apply for any
15 available grants and accept any gifts, grants or donations to assist in
16 developing and maintaining the program required by this section.

17 **Sec. 14.** (Deleted by amendment.)

18 **Sec. 15.** (Deleted by amendment.)

19 **Sec. 15.1.** Chapter 630 of NRS is hereby amended by adding
20 thereto a new section to read as follows:

21 *The Board may, by regulation, require each physician or*
22 *physician assistant who is registered to dispense controlled*
23 *substances pursuant to NRS 453.231 to complete at least 1 hour of*
24 *training relating specifically to the misuse and abuse of controlled*
25 *substances during each period of licensure. Any licensee may use*
26 *such training to satisfy 1 hour of any continuing education*
27 *requirement established by the Board.*

28 **Sec. 15.2.** NRS 630.306 is hereby amended to read as follows:

29 630.306 The following acts, among others, constitute grounds
30 for initiating disciplinary action or denying licensure:

31 1. Inability to practice medicine with reasonable skill and
32 safety because of illness, a mental or physical condition or the use of
33 alcohol, drugs, narcotics or any other substance.

34 2. Engaging in any conduct:

35 (a) Which is intended to deceive;

36 (b) Which the Board has determined is a violation of the
37 standards of practice established by regulation of the Board; or

38 (c) Which is in violation of a regulation adopted by the State
39 Board of Pharmacy.

40 3. Administering, dispensing or prescribing any controlled
41 substance, or any dangerous drug as defined in chapter 454 of NRS,
42 to or for himself or herself or to others except as authorized by law.

43 4. Performing, assisting or advising the injection of any
44 substance containing liquid silicone into the human body, except for
45 the use of silicone oil to repair a retinal detachment.



1 5. Practicing or offering to practice beyond the scope permitted
2 by law or performing services which the licensee knows or has
3 reason to know that he or she is not competent to perform or which
4 are beyond the scope of his or her training.

5 6. Performing, without first obtaining the informed consent of
6 the patient or the patient's family, any procedure or prescribing any
7 therapy which by the current standards of the practice of medicine is
8 experimental.

9 7. Continual failure to exercise the skill or diligence or use the
10 methods ordinarily exercised under the same circumstances by
11 physicians in good standing practicing in the same specialty or field.

12 8. Habitual intoxication from alcohol or dependency on
13 controlled substances.

14 9. Making or filing a report which the licensee or applicant
15 knows to be false or failing to file a record or report as required by
16 law or regulation.

17 10. Failing to comply with the requirements of NRS 630.254.

18 11. Failure by a licensee or applicant to report in writing,
19 within 30 days, any disciplinary action taken against the licensee or
20 applicant by another state, the Federal Government or a foreign
21 country, including, without limitation, the revocation, suspension or
22 surrender of a license to practice medicine in another jurisdiction.

23 12. Failure by a licensee or applicant to report in writing,
24 within 30 days, any criminal action taken or conviction obtained
25 against the licensee or applicant, other than a minor traffic violation,
26 in this State or any other state or by the Federal Government, a
27 branch of the Armed Forces of the United States or any local or
28 federal jurisdiction of a foreign country.

29 13. Failure to be found competent to practice medicine as a
30 result of an examination to determine medical competency pursuant
31 to NRS 630.318.

32 14. Operation of a medical facility at any time during which:

33 (a) The license of the facility is suspended or revoked; or

34 (b) An act or omission occurs which results in the suspension or
35 revocation of the license pursuant to NRS 449.160.

36 ↪ This subsection applies to an owner or other principal responsible
37 for the operation of the facility.

38 15. Failure to comply with the requirements of NRS 630.373.

39 16. Engaging in any act that is unsafe or unprofessional
40 conduct in accordance with regulations adopted by the Board.

41 17. Knowingly procuring or administering a controlled
42 substance or a dangerous drug as defined in chapter 454 of NRS that
43 is not approved by the United States Food and Drug Administration,
44 unless the unapproved controlled substance or dangerous drug:



1 (a) Was procured through a retail pharmacy licensed pursuant to
2 chapter 639 of NRS;

3 (b) Was procured through a Canadian pharmacy which is
4 licensed pursuant to chapter 639 of NRS and which has been
5 recommended by the State Board of Pharmacy pursuant to
6 subsection 4 of NRS 639.2328; or

7 (c) Is marijuana being used for medical purposes in accordance
8 with chapter 453A of NRS.

9 18. Failure to supervise adequately a medical assistant pursuant
10 to the regulations of the Board.

11 **19. Failure to obtain any training required by the Board**
12 **pursuant to section 15.1 of this act.**

13 **Sec. 15.3.** Chapter 631 of NRS is hereby amended by adding
14 thereto a new section to read as follows:

15 ***The Board may, by regulation, require each holder of a license***
16 ***to practice dentistry who is registered to dispense controlled***
17 ***substances pursuant to NRS 453.231 to complete at least 1 hour of***
18 ***training relating specifically to the misuse and abuse of controlled***
19 ***substances during each period of licensure. Any such holder of a***
20 ***license may use such training to satisfy 1 hour of any continuing***
21 ***education requirement established by the Board.***

22 **Sec. 15.4.** NRS 631.3475 is hereby amended to read as
23 follows:

24 631.3475 The following acts, among others, constitute
25 unprofessional conduct:

- 26 1. Malpractice;
27 2. Professional incompetence;
28 3. Suspension or revocation of a license to practice dentistry,
29 the imposition of a fine or other disciplinary action by any agency of
30 another state authorized to regulate the practice of dentistry in that
31 state;
32 4. More than one act by the dentist or dental hygienist
33 constituting substandard care in the practice of dentistry or dental
34 hygiene;
35 5. Administering, dispensing or prescribing any controlled
36 substance or any dangerous drug as defined in chapter 454 of NRS,
37 if it is not required to treat the dentist's patient;

38 6. Knowingly procuring or administering a controlled
39 substance or a dangerous drug as defined in chapter 454 of NRS that
40 is not approved by the United States Food and Drug Administration,
41 unless the unapproved controlled substance or dangerous drug:

42 (a) Was procured through a retail pharmacy licensed pursuant to
43 chapter 639 of NRS;

44 (b) Was procured through a Canadian pharmacy which is
45 licensed pursuant to chapter 639 of NRS and which has been



1 recommended by the State Board of Pharmacy pursuant to
2 subsection 4 of NRS 639.2328; or

3 (c) Is marijuana being used for medical purposes in accordance
4 with chapter 453A of NRS;

5 7. Chronic or persistent inebriety or addiction to a controlled
6 substance, to such an extent as to render the person unsafe or
7 unreliable as a practitioner, or such gross immorality as tends to
8 bring reproach upon the dental profession;

9 8. Conviction of a felony or misdemeanor involving moral
10 turpitude or which relates to the practice of dentistry in this State, or
11 conviction of any criminal violation of this chapter;

12 9. Conviction of violating any of the provisions of NRS
13 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440,
14 inclusive; or

15 10. Operation of a medical facility, as defined in NRS
16 449.0151, at any time during which:

17 (a) The license of the facility is suspended or revoked; or

18 (b) An act or omission occurs which results in the suspension or
19 revocation of the license pursuant to NRS 449.160.

20 ↪ This subsection applies to an owner or other principal responsible
21 for the operation of the facility.

22 ***11. Failure to obtain any training required by the Board***
23 ***pursuant to section 15.3 of this act.***

24 **Sec. 15.5.** Chapter 632 of NRS is hereby amended by adding
25 thereto a new section to read as follows:

26 ***The Board may, by regulation, require each advanced practice***
27 ***registered nurse who is registered to dispense controlled***
28 ***substances pursuant to NRS 453.231 to complete at least 1 hour of***
29 ***training relating specifically to the misuse and abuse of controlled***
30 ***substances during each period of licensure. An advanced practice***
31 ***registered nurse may use such training to satisfy 1 hour of any***
32 ***continuing education requirement established by the Board.***

33 **Sec. 15.55.** NRS 632.320 is hereby amended to read as
34 follows:

35 632.320 1. The Board may deny, revoke or suspend any
36 license or certificate applied for or issued pursuant to this chapter, or
37 take other disciplinary action against a licensee or holder of a
38 certificate, upon determining that the licensee or certificate holder:

39 (a) Is guilty of fraud or deceit in procuring or attempting to
40 procure a license or certificate pursuant to this chapter.

41 (b) Is guilty of any offense:

42 (1) Involving moral turpitude; or

43 (2) Related to the qualifications, functions or duties of a
44 licensee or holder of a certificate,



1 ➔ in which case the record of conviction is conclusive evidence
2 thereof.

3 (c) Has been convicted of violating any of the provisions of
4 NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440,
5 inclusive.

6 (d) Is unfit or incompetent by reason of gross negligence or
7 recklessness in carrying out usual nursing functions.

8 (e) Uses any controlled substance, dangerous drug as defined in
9 chapter 454 of NRS, or intoxicating liquor to an extent or in a
10 manner which is dangerous or injurious to any other person or
11 which impairs his or her ability to conduct the practice authorized
12 by the license or certificate.

13 (f) Is a person with mental incompetence.

14 (g) Is guilty of unprofessional conduct, which includes, but is
15 not limited to, the following:

16 (1) Conviction of practicing medicine without a license in
17 violation of chapter 630 of NRS, in which case the record of
18 conviction is conclusive evidence thereof.

19 (2) Impersonating any applicant or acting as proxy for an
20 applicant in any examination required pursuant to this chapter for
21 the issuance of a license or certificate.

22 (3) Impersonating another licensed practitioner or holder of a
23 certificate.

24 (4) Permitting or allowing another person to use his or her
25 license or certificate to practice as a licensed practical nurse,
26 registered nurse, nursing assistant or medication aide - certified.

27 (5) Repeated malpractice, which may be evidenced by claims
28 of malpractice settled against the licensee or certificate holder.

29 (6) Physical, verbal or psychological abuse of a patient.

30 (7) Conviction for the use or unlawful possession of a
31 controlled substance or dangerous drug as defined in chapter 454 of
32 NRS.

33 (h) Has willfully or repeatedly violated the provisions of this
34 chapter. The voluntary surrender of a license or certificate issued
35 pursuant to this chapter is prima facie evidence that the licensee or
36 certificate holder has committed or expects to commit a violation of
37 this chapter.

38 (i) Is guilty of aiding or abetting any person in a violation of this
39 chapter.

40 (j) Has falsified an entry on a patient's medical chart concerning
41 a controlled substance.

42 (k) Has falsified information which was given to a physician,
43 pharmacist, podiatric physician or dentist to obtain a controlled
44 substance.



1 (l) Has knowingly procured or administered a controlled
2 substance or a dangerous drug as defined in chapter 454 of NRS that
3 is not approved by the United States Food and Drug Administration,
4 unless the unapproved controlled substance or dangerous drug:

5 (1) Was procured through a retail pharmacy licensed
6 pursuant to chapter 639 of NRS;

7 (2) Was procured through a Canadian pharmacy which is
8 licensed pursuant to chapter 639 of NRS and which has been
9 recommended by the State Board of Pharmacy pursuant to
10 subsection 4 of NRS 639.2328; or

11 (3) Is marijuana being used for medical purposes in
12 accordance with chapter 453A of NRS.

13 (m) Has been disciplined in another state in connection with a
14 license to practice nursing or a certificate to practice as a nursing
15 assistant or medication aide - certified, or has committed an act in
16 another state which would constitute a violation of this chapter.

17 (n) Has engaged in conduct likely to deceive, defraud or
18 endanger a patient or the general public.

19 (o) Has willfully failed to comply with a regulation, subpoena or
20 order of the Board.

21 (p) Has operated a medical facility at any time during which:

22 (1) The license of the facility was suspended or revoked; or

23 (2) An act or omission occurred which resulted in the
24 suspension or revocation of the license pursuant to NRS 449.160.

25 ➤ This paragraph applies to an owner or other principal responsible
26 for the operation of the facility.

27 *(q) Is an advanced practice registered nurse who has failed to*
28 *obtain any training required by the Board pursuant to section 15.5*
29 *of this act.*

30 2. For the purposes of this section, a plea or verdict of guilty or
31 guilty but mentally ill or a plea of nolo contendere constitutes a
32 conviction of an offense. The Board may take disciplinary action
33 pending the appeal of a conviction.

34 3. A licensee or certificate holder is not subject to disciplinary
35 action solely for administering auto-injectable epinephrine pursuant
36 to a valid order issued pursuant to NRS 630.374 or 633.707.

37 **Sec. 15.6.** Chapter 633 of NRS is hereby amended by adding
38 thereto a new section to read as follows:

39 *The Board may, by regulation, require each osteopathic*
40 *physician or physician assistant who is registered to dispense*
41 *controlled substances pursuant to NRS 453.231 to complete at*
42 *least 1 hour of training relating specifically to the misuse and*
43 *abuse of controlled substances during each period of licensure.*
44 *Any licensee may use such training to satisfy 1 hour of any*
45 *continuing education requirement established by the Board.*



1 **Sec. 15.65.** NRS 633.511 is hereby amended to read as
2 follows:

3 633.511 The grounds for initiating disciplinary action pursuant
4 to this chapter are:

5 1. Unprofessional conduct.

6 2. Conviction of:

7 (a) A violation of any federal or state law regulating the
8 possession, distribution or use of any controlled substance or any
9 dangerous drug as defined in chapter 454 of NRS;

10 (b) A felony relating to the practice of osteopathic medicine or
11 practice as a physician assistant;

12 (c) A violation of any of the provisions of NRS 616D.200,
13 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive;

14 (d) Murder, voluntary manslaughter or mayhem;

15 (e) Any felony involving the use of a firearm or other deadly
16 weapon;

17 (f) Assault with intent to kill or to commit sexual assault or
18 mayhem;

19 (g) Sexual assault, statutory sexual seduction, incest, lewdness,
20 indecent exposure or any other sexually related crime;

21 (h) Abuse or neglect of a child or contributory delinquency; or

22 (i) Any offense involving moral turpitude.

23 3. The suspension of a license to practice osteopathic medicine
24 or to practice as a physician assistant by any other jurisdiction.

25 4. Malpractice or gross malpractice, which may be evidenced
26 by a claim of malpractice settled against a licensee.

27 5. Professional incompetence.

28 6. Failure to comply with the requirements of NRS 633.527.

29 7. Failure to comply with the requirements of subsection 3 of
30 NRS 633.471.

31 8. Failure to comply with the provisions of NRS 633.694.

32 9. Operation of a medical facility, as defined in NRS 449.0151,
33 at any time during which:

34 (a) The license of the facility is suspended or revoked; or

35 (b) An act or omission occurs which results in the suspension or
36 revocation of the license pursuant to NRS 449.160.

37 ➤ This subsection applies to an owner or other principal responsible
38 for the operation of the facility.

39 10. Failure to comply with the provisions of subsection 2 of
40 NRS 633.322.

41 11. Signing a blank prescription form.

42 12. Knowingly procuring or administering a controlled
43 substance or a dangerous drug as defined in chapter 454 of NRS that
44 is not approved by the United States Food and Drug Administration,
45 unless the unapproved controlled substance or dangerous drug:



1 (a) Was procured through a retail pharmacy licensed pursuant to
2 chapter 639 of NRS;

3 (b) Was procured through a Canadian pharmacy which is
4 licensed pursuant to chapter 639 of NRS and which has been
5 recommended by the State Board of Pharmacy pursuant to
6 subsection 4 of NRS 639.2328; or

7 (c) Is marijuana being used for medical purposes in accordance
8 with chapter 453A of NRS.

9 13. Attempting, directly or indirectly, by intimidation, coercion
10 or deception, to obtain or retain a patient or to discourage the use of
11 a second opinion.

12 14. Terminating the medical care of a patient without adequate
13 notice or without making other arrangements for the continued care
14 of the patient.

15 15. In addition to the provisions of subsection 3 of NRS
16 633.524, making or filing a report which the licensee knows to be
17 false, failing to file a record or report that is required by law or
18 willfully obstructing or inducing another to obstruct the making or
19 filing of such a record or report.

20 16. Failure to report any person the licensee knows, or has
21 reason to know, is in violation of the provisions of this chapter or
22 the regulations of the Board within 30 days after the date the
23 licensee knows or has reason to know of the violation.

24 17. Failure by a licensee or applicant to report in writing,
25 within 30 days, any criminal action taken or conviction obtained
26 against the licensee or applicant, other than a minor traffic violation,
27 in this State or any other state or by the Federal Government, a
28 branch of the Armed Forces of the United States or any local or
29 federal jurisdiction of a foreign country.

30 18. Engaging in any act that is unsafe in accordance with
31 regulations adopted by the Board.

32 19. Failure to comply with the provisions of NRS 633.165.

33 20. Failure to supervise adequately a medical assistant pursuant
34 to the regulations of the Board.

35 *21. Failure to obtain any training required by the Board*
36 *pursuant to section 15.6 of this act.*

37 **Sec. 15.7.** Chapter 635 of NRS is hereby amended by adding
38 thereto a new section to read as follows:

39 *The Board may, by regulation, require each holder of a license*
40 *to practice podiatry who is registered to dispense controlled*
41 *substances pursuant to NRS 453.231 to complete at least 1 hour of*
42 *training relating specifically to the misuse and abuse of controlled*
43 *substances during each period of licensure. Any such holder of a*
44 *license may use such training to satisfy 1 hour of any continuing*
45 *education requirement established by the Board.*



1 **Sec. 15.75.** NRS 635.130 is hereby amended to read as
2 follows:

3 635.130 1. The Board, after notice and a hearing as required
4 by law, and upon any cause enumerated in subsection 2, may take
5 one or more of the following disciplinary actions:

6 (a) Deny an application for a license or refuse to renew a
7 license.

8 (b) Suspend or revoke a license.

9 (c) Place a licensee on probation.

10 (d) Impose a fine not to exceed \$5,000.

11 2. The Board may take disciplinary action against a licensee for
12 any of the following causes:

13 (a) The making of a false statement in any affidavit required of
14 the applicant for application, examination or licensure pursuant to
15 the provisions of this chapter.

16 (b) Lending the use of the holder's name to an unlicensed
17 person.

18 (c) If the holder is a podiatric physician, permitting an
19 unlicensed person in his or her employ to practice as a podiatry
20 hygienist.

21 (d) Habitual indulgence in the use of alcohol or any controlled
22 substance which impairs the intellect and judgment to such an extent
23 as in the opinion of the Board incapacitates the holder in the
24 performance of his or her professional duties.

25 (e) Conviction of a crime involving moral turpitude.

26 (f) Conviction of violating any of the provisions of NRS
27 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440,
28 inclusive.

29 (g) Conduct which in the opinion of the Board disqualifies the
30 licensee to practice with safety to the public.

31 (h) The commission of fraud by or on behalf of the licensee
32 regarding his or her license or practice.

33 (i) Gross incompetency.

34 (j) Affliction of the licensee with any mental or physical
35 disorder which seriously impairs his or her competence as a
36 podiatric physician or podiatry hygienist.

37 (k) False representation by or on behalf of the licensee regarding
38 his or her practice.

39 (l) Unethical or unprofessional conduct.

40 (m) Failure to comply with the requirements of subsection 1 of
41 NRS 635.118.

42 (n) Willful or repeated violations of this chapter or regulations
43 adopted by the Board.

44 (o) Willful violation of the regulations adopted by the State
45 Board of Pharmacy.



1 (p) Knowingly procuring or administering a controlled
2 substance or a dangerous drug as defined in chapter 454 of NRS that
3 is not approved by the United States Food and Drug Administration,
4 unless the unapproved controlled substance or dangerous drug:

5 (1) Was procured through a retail pharmacy licensed
6 pursuant to chapter 639 of NRS;

7 (2) Was procured through a Canadian pharmacy which is
8 licensed pursuant to chapter 639 of NRS and which has been
9 recommended by the State Board of Pharmacy pursuant to
10 subsection 4 of NRS 639.2328; or

11 (3) Is marijuana being used for medical purposes in
12 accordance with chapter 453A of NRS.

13 (q) Operation of a medical facility, as defined in NRS 449.0151,
14 at any time during which:

15 (1) The license of the facility is suspended or revoked; or

16 (2) An act or omission occurs which results in the suspension
17 or revocation of the license pursuant to NRS 449.160.

18 ➤ This paragraph applies to an owner or other principal responsible
19 for the operation of the facility.

20 *(r) Failure to obtain any training required by the Board*
21 *pursuant to section 15.7 of this act.*

22 **Sec. 15.8.** Chapter 636 of NRS is hereby amended by adding
23 thereto a new section to read as follows:

24 *The Board may, by regulation, require each optometrist who is*
25 *certified to administer and prescribe therapeutic pharmaceutical*
26 *agents pursuant to NRS 636.288 and who is registered to dispense*
27 *controlled substances pursuant to NRS 453.231 to complete at*
28 *least 1 hour of training relating specifically to the misuse and*
29 *abuse of controlled substances during each period of licensure.*
30 *Any licensee may use such training to satisfy 1 hour of any*
31 *continuing education requirement established by the Board.*

32 **Sec. 15.9.** NRS 636.295 is hereby amended to read as follows:

33 636.295 The following acts, conduct, omissions, or mental or
34 physical conditions, or any of them, committed, engaged in,
35 omitted, or being suffered by a licensee, constitute sufficient cause
36 for disciplinary action:

37 1. Affliction of the licensee with any communicable disease
38 likely to be communicated to other persons.

39 2. Commission by the licensee of a felony relating to the
40 practice of optometry or a gross misdemeanor involving moral
41 turpitude of which the licensee has been convicted and from which
42 he or she has been sentenced by a final judgment of a federal or
43 state court in this or any other state, the judgment not having been
44 reversed or vacated by a competent appellate court and the offense
45 not having been pardoned by executive authority.



1 3. Conviction of any of the provisions of NRS 616D.200,
2 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive.

3 4. Commission of fraud by or on behalf of the licensee in
4 obtaining a license or a renewal thereof, or in practicing optometry
5 thereunder.

6 5. Habitual drunkenness or addiction to any controlled
7 substance.

8 6. Gross incompetency.

9 7. Affliction with any mental or physical disorder or
10 disturbance seriously impairing his or her competency as an
11 optometrist.

12 8. Making false or misleading representations, by or on behalf
13 of the licensee, with respect to optometric materials or services.

14 9. Practice by the licensee, or attempting or offering so to do,
15 while in an intoxicated condition.

16 10. Perpetration of unethical or unprofessional conduct in the
17 practice of optometry.

18 11. Knowingly procuring or administering a controlled
19 substance or a dangerous drug as defined in chapter 454 of NRS that
20 is not approved by the United States Food and Drug Administration,
21 unless the unapproved controlled substance or dangerous drug:

22 (a) Was procured through a retail pharmacy licensed pursuant to
23 chapter 639 of NRS;

24 (b) Was procured through a Canadian pharmacy which is
25 licensed pursuant to chapter 639 of NRS and which has been
26 recommended by the State Board of Pharmacy pursuant to
27 subsection 4 of NRS 639.2328; or

28 (c) Is marijuana being used for medical purposes in accordance
29 with chapter 453A of NRS.

30 12. Any violation of the provisions of this chapter or any
31 regulations adopted pursuant thereto.

32 13. Operation of a medical facility, as defined in NRS
33 449.0151, at any time during which:

34 (a) The license of the facility is suspended or revoked; or

35 (b) An act or omission occurs which results in the suspension or
36 revocation of the license pursuant to NRS 449.160.

37 ➤ This subsection applies to an owner or other principal responsible
38 for the operation of the facility.

39 ***14. Failure to obtain any training required by the Board***
40 ***pursuant to section 15.8 of this act.***

41 **Sec. 16.** NRS 639.23507 is hereby amended to read as
42 follows:

43 639.23507 **[A]**

44 **1. Except as otherwise provided in this section, a** practitioner
45 shall, before **[writing]** **initiating** a prescription for a controlled



1 substance listed in schedule II, III or IV for a patient, obtain a
2 patient utilization report regarding the patient ~~{for the preceding 12~~
3 ~~months}~~ from the computerized program established by the Board
4 and the Investigation Division of the Department of Public Safety
5 pursuant to NRS 453.1545 . ~~{if the practitioner has a reasonable~~
6 ~~belief that the patient may be seeking the controlled substance, in~~
7 ~~whole or in part, for any reason other than the treatment of an~~
8 ~~existing medical condition and:~~

9 ~~—1. The patient is a new patient of the practitioner; or~~

10 ~~—2. The patient has not received any prescription for a controlled~~
11 ~~substance from the practitioner in the preceding 12 months.~~

12 ~~→} The practitioner shall review the patient utilization report to~~
13 ~~assess whether the prescription for the controlled substance is~~
14 ~~medically necessary.~~

15 *2. If a practitioner who attempts to obtain a patient utilization*
16 *report as required by subsection 1 fails to do so because the*
17 *computerized program is unresponsive or otherwise unavailable,*
18 *the practitioner:*

19 *(a) Shall be deemed to have complied with subsection 1 if the*
20 *practitioner documents the attempt and failure in the medical*
21 *record of the patient.*

22 *(b) Is not liable for the failure.*

23 *3. The Board shall adopt regulations to provide alternative*
24 *methods of compliance with subsection 1 for a physician while he*
25 *or she is providing service in a hospital emergency department.*
26 *The regulations must include, without limitation, provisions that*
27 *allow a hospital to designate members of hospital staff to act as*
28 *delegates for the purposes of accessing the database of the*
29 *computerized program and obtaining patient utilization reports*
30 *from the computerized program on behalf of such a physician.*

31 *4. A practitioner who violates subsection 1:*

32 *(a) Is not guilty of a misdemeanor.*

33 *(b) May be subject to professional discipline if the appropriate*
34 *professional licensing board determines that the practitioner's*
35 *violation was intentional.*

36 *5. As used in this section, "initiating a prescription" means*
37 *originating a new prescription for a new patient of a practitioner*
38 *or originating a new prescription to begin a new course of*
39 *treatment for an existing patient of a practitioner. The term does*
40 *not include any act concerning an ongoing prescription that is*
41 *written to continue a course of treatment for an existing patient of*
42 *a practitioner.*

43 **Sec. 16.5.** NRS 639.310 is hereby amended to read as follows:

44 639.310 ~~{Unless}~~ *Except as otherwise provided in NRS*
45 *639.23507, unless a greater penalty is specified, any person who*



1 violates any of the provisions of this chapter is guilty of a
2 misdemeanor.

3 **Sec. 17.** 1. The Department of Health and Human Services
4 shall, not later than October 1, 2015, add naloxone hydrochloride for
5 outpatient use to the list of preferred prescription drugs to be used
6 for the Medicaid program established by the Department pursuant to
7 NRS 422.4025.

8 2. Any expenses incurred by the Department to provide
9 naloxone hydrochloride must be paid for through the existing
10 resources of the Medicaid program.

11 **Sec. 18.** This act becomes effective:

12 1. Upon passage and approval for the purpose of adopting any
13 regulations and performing any other preparatory administrative
14 tasks that are necessary to carry out the provisions of this act; and

15 2. On October 1, 2015, for all other purposes.

